


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000033982</b> 1. Entity Name <b>ALDRICH &amp; RAMSEY ENTERPRISES, INC.</b>	
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Principal Place of Business <b>2737 BUCKTHORN WAY</b> <b>NAPLES FL 34105</b>	Mailing Address <b>2737 BUCKTHORN WAY</b> <b>NAPLES FL 34105</b>
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3440527</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>ALDRICH, DAVID</b> <b>2737 BUCKTHORN WAY</b> <b>NAPLES FL 34105</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent or title filer/proxy) (Name of Registered Agent or title filer/proxy when not agent)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPST <input type="checkbox"/> Delete NAME: ALDRICH, DAVID STREET ADDRESS: 2737 BUCKTHORN WAY CITY-ST-ZIP: NAPLES FL 34105-3016
TITLE	D <input type="checkbox"/> Delete NAME: RAMSEY, SUSAN A STREET ADDRESS: 2737 BUCKTHORN WAY CITY-ST-ZIP: NAPLES FL 34105-3106
TITLE	DV <input type="checkbox"/> Delete NAME: RAMSEY, BENJAMIN S STREET ADDRESS: 2737 BUCKTHORN WAY CITY-ST-ZIP: NAPLES FL 34104-3106
TITLE	D <input type="checkbox"/> Delete NAME: RAMSEY, WILLIAM N JR. STREET ADDRESS: 2737 BUCKTHORN WAY CITY-ST-ZIP: NAPLES FL 34105-3106
TITLE	D <input type="checkbox"/> Delete NAME: RAMSEY, WILLIAM S STREET ADDRESS: 2737 BUCKTHORN WAY CITY-ST-ZIP: NAPLES FL 34105-3106
TITLE	D <input type="checkbox"/> Delete NAME: RAMSEY, SANDRA STREET ADDRESS: 2737 BUCKTHORN WAY CITY-ST-ZIP: NAPLES FL 34105-3106

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: U00000911867 STREET ADDRESS: 05/07/08-80058-002 150.00 CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  04/18/08 239-253-2427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Home #